

THE PUBLIC HEALTH ADMINISTRATION IN COLONIAL NORTH BENGAL: 1880-1947

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ABSTRACT

North Bengal is a distinct part of the present state of West Bengal. From the census of India, 1891, Vol. III, North Bengal was comprised of the districts of Rangpur, Dinajpur, Bogra, Pabna, Malda, Rajshahye, Darjeeling, Jalpaiguri, and Kuch Bihar. We will confine our discussion on the six districts of present -day North Bengal by placing it to the colonial North Bengal. The entire landscape of the northern part of the state diversified with Himalayan hills, sub-Himalayan regions and plains are recognized as hill, terai, duars, and plains. As the title denotes "The Public Health Administration in Colonial North Bengal: 1880-1947"; our primary concern will be limited to that period. This is the first time effort to give a discussion on the health condition of this vast place. The primary sources collected from the West Bengal State Archives have given me this opportunity to place the theme a great success.

KEYWORDS: Urbanization, Colonial, Municipality, Diseases & North Bengal

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INTRODUCTION

The development of towns in the country sometimes displays the overcrowding insanitation, unhealthy and hazardous working condition as well. These problems are suffered by all citizens especially urban inhabitants¹. A healthy urban environment has been sought to be provided by the science of modern town planning. In the latter part of the nineteenth century, it became obvious that the lack of sanitation facilities for Indians posed a health threat to Europeans, so authorities began to act. As a result of the Bengal Presidency Act X of 1842 and the India-wide Act XXVI of 1850, hill stations were able to establish municipal Governments with powers to impose conservancy regulations². New dispensaries and Vaccination program were introduced by the colonial Government to overcome the unhealthiness of the plain's as well as the hill region of Darjeeling through District Boards and Municipalities. The tea labourers were forced to work in an unhealthy condition. For their health improvement, we found no proper evidence of the tea sahibs' endeavor in this regard, but we know in 1912 the Duars Labour Act was passed by the Government of Bengal to see the matters regarding the health improvement of the tea labourers³.

In 1835 the Darjeeling hills were ceded by the Sikhimese king to the English, as a sanitarium for European troops. These troops suffered there because of mists and rains injured the healths and spirits of the men, causing several to commit suicide⁴. In order to counter this problem, the British had thought of the betterment of health condition for their troops. The need although was depended largely on political or to rule the northern Bengal for a long while. Whatever be the cause we have to proceed for our discussion.

The Health Condition of the Terai

The exceptionally unhealthy condition of the Terai or the 'dreaded belt of fever-laden forest-the Terai'⁵ was well known as has been depicted by R.T.Greer, the Deputy Commissioner of Darjeeling when saying it to the Commissioner of the Rajshahi Division. This unhealthiness formed the subject of frequent official references. Habitually, the vital statistics showed an abnormally high death-rate in this tract. The rate during 1896 was shown as 61 per mille. A feeling of depression was found in the locality at the fever-stricken state of the inhabitants.

In 1895 the Civil Surgeon, Dr.Cobb while inspecting certain alleged cases of Kala Azar, he found only the widespread existence of fever to an appalling extent but no case of Kala -Azar there. The tract of Terai constituted a Government Estate directly under the management of the Deputy Commissioner, yielding an annual revenue of Rs.97,159. If the preservation of human life is regarded as a primary duty of the state, it appeared to be incumbent on Government to undertake special measures with a view to alleviating the exceptional distress of the inhabitants. In considering the subject of a water-borne disease one's thoughts naturally turn to the drinking watersupply. It was well known that the streams in the Terai induced malaria⁶. The surface pits, which answer for wells, furnished a more impure supply. In this connection construction of good wells throughout the country was needed. Efforts were made yearly to make wells in the Government hats and throughout the several jotes.

So at the end of the nineteenth century, some efforts were taken by Government, e.g. some ring wells, 3 feet diameter were constructed at the expense of Government at Khoribari, Debiganj at a cost of about Rs. 1,379. A smaller well, 2 feet in diameter will suffice. The cost of which was not exceeded to Rs. 250. As the cost of this 10 years scheme needed much money so the Subdivisional Officer induced the jotedars to bear half the expense and the rest will be given by the grant of Rs. 1,125 yearly from the fund for the improvement of Government Estates for the construction of wells in that estate.

In the Terai region two out-door dispensaries were established, one at Khoribari and another at Bagdogra, the cost of which met from the fund for the improvement of Government estates. The initial expenditure on the building, furniture, and instruments of these two dispensaries was estimated at Rs. 2,504 and the annual maintenance charges at Rs. 2,398. A permanent quarter also provided at Khaprail for the itinerant Civil Hospital Assistant of the Terai at a cost of Rs. 952 with an annual expenditure of Rs.253 for repairs paid from the Darjeeling Improvement Fund⁷.

Dispensaries of North Bengal:

Lord H. Ulick Browne, Commissioner of the Rajshahye and Cooch Behar Division said to the Secretary to the Government of Bengal, Medical and Municipal Department, a Medical Dispensary in the Sudder station of Dinagepore is going under the charge of Dinajpur Municipality. In reply to this BabooBankim Chandra Chatterjee, Assistant Secretary to the Government of Bengal said that notice is necessary under paragraph 2, Section 34 of the Bengal Municipal Act, V(B.C.) of 1876. Finally, a notification had come and said that under this Act mentioned above "the Lieutenant Governor intends to vest in the Commissioner of the Dinagepore Municipality the charitable Dispensary situated within that municipality, the said dispensary not being private property or the property of any religious institution or society"⁸.

A.J.Payne, M.D., Surgeon General, Bengal suggested the placing of this dispensary in the first class. A private income of Rs. 1,096 was more than enough for the medical treatment of the patients who use the dispensary. The charge for a Hospital Assistant of the second grade was on Rs.35 instead of Rs. 50 per mensem. The compounder's pay was Rs. 8,

not Rs.12 if the Cuprassy was retained. The charge of the dispensary need involve the municipality in no increase of outlay Rs. 30 was invested in 1880 and the total invested capital was Rs.2,602.

There were 14 dispensaries in North Bengal, distributed as follows

Table

Districts	Number	No. of Indoor Patients Treated	No. of Outdoor Patients Treated	Total
Dinagapore	5	381	9,370	9,751
Julpigoree	5	349	12,025	12,374*
Darjeeling	4	339	10,325	10,664
Total	14	1,069	31,720	32,789

*Exclusives of the figures of the Devigunge Dispensary⁹.

In Dinagapore as had been shown in the table the number of dispensaries were five under Government supervision and one private institution kept by the Maharajah. The one at the Sadder station admitted in-door patients were in class II. The four others received out-door patients only and were in class III. There were five dispensaries in Julpigoree-one at the Sadder station, one at Alipore and the other three at Boda, Titalya, and Debigunge. The dispensary at the sadder was under the care of the municipality and was supported partly by local subscriptions and partly from municipal funds. The Alipore Dispensary was partly supported by the local subscriptions and partly by Government. The other three dispensaries were private institutions supported by the Maharajah of Cooch Behar, a small subscription being realized in addition at Boda to supplement the allowance from Chaklajatestates¹⁰.

There were four dispensaries in Darjeeling against five in the previous year. The Naushwarbaree Dispensary closed from 1st April 1885, as it was found useless. Of the four dispensaries, the one at Kalimpong did not admit in-door patients and it was maintained entirely by Government. The Darjeeling Dispensary was supported by the municipality but nearly half the cost was met from private subscriptions. The Kurseong Dispensary was entirely supported by the municipality. The number of patients in the Silligoree Dispensary considerably increased due to fever in the Terai¹¹.

A statement showing the number of Diapensaries wholly maintained or aided by the District Boards in Bengal, and the expenditure incurred on them during the year 1903-04¹²

Table 2

Division	No. of Dispensaries Maintained	Cost of Maintenance	Number of Dispensaries Aided	Amount of Contribution Paid	Percentage of Ordinary Income Expended by District Boards on Medical Charity and Sanitation (Excluding Expenditure on Plague Camps)
1	2	3	4	5	6
Rajshahi Division	-	-	-	-	-
Dinajpur	-	-	-	-	-
Jalpaiguri	1	1,148	3	1,160	1.7
Bhagalpur Division			6	1,848	1.5
Malda	3	3,633	4	2,680	8.4

In the eighties of the nineteenth century, there was not work for a native doctor of the lowest grade and the maintenance of a compounder was altogether indefensible. So it was recommended that the enclosure of the dispensary ordered. The Maldah Town Dispensary and English Bazar Dispensary in the district of Maldah during that time brought under class I and made independent of Government aid.

The income of the English Bazar Dispensary exclusive of the Government grant and the expenditure, roughly estimated as follows:-

Table 3

Income	Rs.	Expenditure	Rs.
Municipal grant	600	Pay of Hospital Assistant	300
Private Subscriptions	525	All other expenses, such as cost of feeling, cost of European medicines	748
Interest of deposit	25		
Total	1150	Total	1048

The English Bazar Municipality already undertook the management of this dispensary and also the Maldah Town Dispensary were already under the management of the Municipal Committee. No guarantee-bond was therefore required¹³.

Causes of Mortality

Several causes were responsible for the mortality as well as unhealthiness of the people of North Bengal. Even the troops and British civilian who inhabited for their colonial purpose also suffered due to this deadly tropical climate. The following table (year 1884) shows the mortality of the years in the several districts of the Rajshahye division as compared with the preceding years:-

Table 4

Names of the Prevailing Diseases or other Causes	Dinajpur				Julpigoree				Darjeeling			
	No.of Deaths Report		Deaths per Mille		No.of Deaths Report		Deaths per Mille		No.of Deaths Report		Deaths per Mille	
	1884	1885	1884	1885	1884	1885	1884	1885	1884	1885	1884	1885
Cholera	481	2,920	.31	1.92	205	265	.35	.45	27	30	.17	.18
Small pox	56	8	.03	.005						5		.03
Fever	24,454	27,090	16.14	17.88	10,614	13791	18.22	23.68	1,550	1,765	9.92	11.3
Bowel-Complaints	186	398	.12	.26	130	117	.22	.20	382	497	2.44	3.18
Injuries	629	726	.41	.47	108	102	.18	.17	43	65	.27	.41
Other causes	891	1,092	.58	.72	334	841	.57	1.44	345	496	2.20	.17
Total	26,697	32,254	17.62	21.30	11391	15116	19.55	25.95	2,347	2,858	15.0	18.27

The unhealthiness will be observed according to the deaths per mille were as follows in the several districts of North Bengal. This clearly shows that in place of decrease of deaths in the previous year, the increase appeared which means the health condition was not at all good.

Table 5

Districts	1884	1885
Dinajepore	17.62	21.30
Julpigoree	19.55	25.95
Darjeeling	15	18.27
Maldah	19.44	23.25

Vaccination

However, endeavor had taken to overcome the situation. The following table shows statistics regarding vaccination in 1885-86 and the previous year:-

Table 6

District	Number of Thanas in which Vaccine Operations Were Carried on.		Number of Villages		Total Number of Persons Vaccinated		Remarks
	1884-85	1885-86	1884-85	1885-86	1884-85	1885-86	
Dinagepore	17	17	(a)1,707	2,147	35,446	40,438	(a)Taking the municipality as one village.
Julpigoree	8	8	549	770	13,770	20,655	
Darjeeling	2	2	425	398	13,316	11,429	
Ditto Terai	1	1	139	147	1,825	2,187	

There was a marked increase of vaccine operations in Dinagepore, Julpigoree and in the Darjeeling Terai. The district operations in Dinagepore were under the direct supervision of the vaccination department, while in the town the municipal vaccinator operates for six months only under the orders of the civil surgeon. The Deputy Commissioner of Darjeeling said that “the greater confidence of the people in vaccination, and consequently their readier willingness to accept it,” was the reason behind the decrease in operations. The number of vaccinators employed was 19 and of the 20,655 cases, 20,405 were successful. Operations in Darjeeling were usually limited and where the Deputy Commissioner observed apparently confined to the municipal areas of Darjeeling and Kurseong in which paid vaccinators were entertained¹⁴.

In the Census of 1931, it has been said that the health condition of North Bengal was not at all good, although in Jalpaiguri it was reported that the birth-rate was steadily increasing whilst the death-rate was very much lower than the birth-rate¹⁵. In 1932 there was a special case for sanctioning the retention of the services of the unregistered medical practitioners in charge of the three Mission Dispensaries at Sukiapokri, Kizam and Pulbazar in the district of Darjeeling, under section 31 of the Bengal Medical Act, 1914 and in relaxation of rule 10(a) of the Dispensary Rules¹⁶.

While discussing the medical institutions in North Bengal, mentions may be taken from the town of Darjeeling. There we found three medical institutions-the Eden Sanitarium¹⁷ for Europeans, the Lowis Jubilee Sanitarium for natives and the Victoria Memorial Dispensary for natives and Europeans. During the time of the eighties of the nineteenth century these two hospitals except Victoria Memorial Dispensary were established with the encouragement coming from Sir Ashley Eden, Lieutenant Governor of Bengal and Mr. Lewis, the Commissioner of the Rajshahye Division¹⁸.

CONCLUSIONS

Thus we can say that the interest to establish a sanitarium in Darjeeling and for that reason to improve the health care for both troops and workmen¹⁹, the colonial masters had built up a large health administration in North Bengal. We know that the people of North Bengal were very much suffered from the fever, as the data above provided; and it is also true that the experiment to overcome fever especially malaria through quinine was through a small in scale but a great achievement for health endeavor. With the advanced technology and medical knowledge their effort, though for their own interest made a medical discourse in colonial North Bengal.

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